

Much too much... much too young?

The 'pornification' of British culture is causing numerous social ills including increased violence against women and teenage girls. That's according to a new Home Office report *Sexualisation of Young People Review* by the Chartered Health and Counselling Psychologist Dr Linda Papadopoulos of London Metropolitan University (<http://bit.ly/d2rgAF>).

Drawing on government research and statistics, lobby group publications and academic journals, together with input from a range of invited stakeholders, including Respect and Womankind, the review says that airbrushed adverts, sexist sitcoms, lurid music videos, easily-accessed internet porn, 'lads mags' and other forms of media are sending a message to children that women should make themselves sexually available and that men should be sexually dominant.

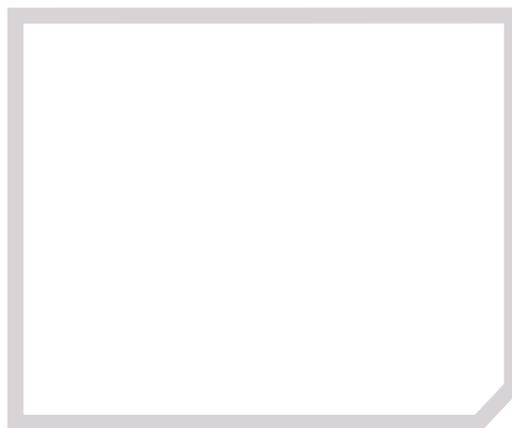
Papadopoulos's review, which follows similar publications in Scotland, the USA and Australia, further ties the sexualisation of modern culture to a rise in eating disorders, more and earlier cosmetic surgery, more girls aspiring to become pole dancers, acceptance of the 'rape myth', and sexual aggression.

The review, commissioned by former Home Secretary Jacqui Smith in 2009, calls for more studies but says 'we should acknowledge that the research and evidence...points clearly to the fact that sexualisation is having a negative impact on young people's physical and mental health, and helping to normalise abusive behaviour towards women and children'.

The review makes numerous recommendations, including: promoting gender equality in schools; making digital literacy a compulsory part of the school curriculum; lads mags to be put on the top shelf; sexy music videos to be broadcast only after the watershed; and a rating symbol system to show how much adverts have been digitally altered.

The Home Secretary Alan Johnson welcomed the review and thanked Papadopoulos for her work. Janice Turner, for *The Times*, said the review 'brims with good sense.' However, other reactions were more hostile. Toby Young, in *The Daily Telegraph*, pointed to government figures showing that incidents of domestic violence against women have fallen, and

likened Papadopoulos's review to a 100-page *Cosmopolitan* article. Janet Street-Porter, for the *Independent on Sunday*, highlighted Papadopoulos's work for the media and beauty industry, even going so far as to question whether someone 'who wears disgustingly expensive shoes is the best choice as a government expert on childrearing.' Dr Papadopoulos retorted



that 'to suggest that the Home Office would employ me to conduct a review of such a serious nature because I am in her words "eye candy" is both offensive and ridiculous' (see <http://bit.ly/dkSYfa>).

Elsewhere, the Cambridge-based research consultant Alison MacLeod used her blog 'the human element' to highlight anomalies in the review (<http://bit.ly/d5lXpX>). For example, she traced the review's claim that 'a high proportion of young women in the UK aspire to work as "glamour models" or lap-dancers' to a web survey conducted by internet TV company Lab TV, which found 63 per cent of 1000 girls thought Jordan was a good role model.

The Psychologist asked Dr Petra Boynton, a social psychologist at UCL who specialises in research on sex, relationships and media, for her verdict. She told us that the review is 'well-intentioned' and 'passionately written' but that it was not 'robust enough to inform policy and practice'.

'The report mostly seems to have been informed by "desk-based research" with little indication of how literature was searched or appraised,' Boynton said. 'It is worrying that peer-reviewed research is presented as equivalent to a survey for Dove beauty products.'

'Statistics, studies and surveys are mentioned but not fully explained or referenced, so it is difficult to generalise from them. Focus groups are described in brief with no details of participants, procedure or analysis. Young people are constructed as passive recipients objectified by the mass media. Research that discusses how young people understand and engage with mediated culture is absent.'

Boynton added that a similar report on 'sexualised goods aimed at children' for the Scottish Parliament (<http://bit.ly/doAVUg>) takes a more nuanced and investigative approach. 'It is this work, rather than the Home Office consultation that should underpin our understanding of this area and direct future research and practice,' she said.

However, Dr Papadopoulos told us she was pleased that the media response to her report had been so positive and that some of her recommendations had already been taken up: 'The PM spoke about backing the recommendation of an online "one-stop shop" for parents and for setting up a working group with the NSPCC to advise corporations on products targeted at children. An ongoing campaign on teenage partner violence is already up and running and getting very good feedback. Also I met with ministers last week and the DCFS have welcomed the recommendations for schools regarding gender equality and media literacy, and many of these are expected to be taken forward as well.'

'The report was rigorously researched and is evidence based – conclusions are derived from an in-depth, critical literature review as well as evidence hearing sessions from clinicians and front-line workers in the area,' Papadopoulos said. 'The findings are in accord with the APA report on sexualisation as well as the Australian government report in this area. This does not mean that we don't need more research. For obvious reasons, outlined in the review, longitudinal research in this area is not yet available.'

For other psychologists who are invited to author reports by the government, Dr Papadopoulos had the following advice: 'Make a lot of space in your diary! This type of work takes a lot of time and commitment – ultimately though it's extremely rewarding to be involved in a project that has the potential to make a real difference.' CJ

JOHN HARRIS/REPORTDIGITAL.CO.UK

Flexible working benefits health

A new Cochrane Review has come to the tentative conclusion that flexible working conditions, in the form of employee control over shifts and gradual retirement, are good for our health (<http://bit.ly/bPQysB>).

Kerry Joyce at Durham University and her colleagues trawled the literature for relevant studies that were

randomly controlled and that compared measures before and after interventions. Ten studies involving over 16,000 employees were identified, covering six types of flexible working arrangement. Four studies on self-scheduling of shifts and one study of gradual and partial retirement reported significant health benefits, for example in terms

of blood pressure and sleep quality. The single study on flexitime found no effects whilst the study into fixed-term contracts found equivocal or negative effects.

The researchers called for more well-designed intervention studies. 'We need to know more about how the health effects of flexible working are experienced by

different types of workers, for instance, comparing women to men, old to young and skilled to unskilled,' said Joyce. 'This is important as some forms of flexible working might only be available to employees with higher status occupations and this may serve to increase existing differences in health between social groups.' **□**

US psychologists target homelessness

The American Psychological Association (APA) published a Presidential Task Force Report in February on ways that psychology can help bring about an end to homelessness. Commissioned by the 2009 APA President James Bray, the report calls on psychologists to 'redouble their efforts' to help the two to three million Americans who experience an episode of homelessness every year.

Homelessness occurs as a consequence of a 'cascade of economic and interpersonal risk factors' that converge on people 'marginalized in society', the report says. The homeless in America tend to have poorer physical health than people with homes, it continues, and are more likely to experience periods of hospitalisation.

Another assertion, perhaps more surprising, is that the majority of the homeless population do not have a mental illness or substance abuse problem, although prevalence rates for both are higher than in the general population.

Other psychosocial factors linked to homelessness, mentioned by the report, include child welfare involvement and institutionalisation. Up to 30 per cent of children in the US foster care system have homeless parents. Moreover, children who leave foster care, either by running away or turning 18, are at increased risk of homelessness. Regarding institutionalisation, the statistics show that homelessness is far higher among jail inmates than the general population and former prisoners are also at increased risk for becoming homeless (former prisoners are also more likely to reoffend if homeless). Veterans are also at increased risk of homelessness, comprising 13 per cent of all adults (unaccompanied by children) who live in sheltered accommodation.

At the heart of the report is a call for greater recognition that providing more housing is not enough on its own to eliminate homelessness. Psychological needs must be addressed too. Psychologists can help, the report says, not only through providing clinical services, but also through training other service

providers and volunteers; by advocating at state and federal levels for better services and educational opportunities for the homeless; and by conducting research to find out which interventions work and how to encourage greater service take up among the homeless. To improve psychologists' ability to help the homeless population, the report calls for changes to be made to graduate school curricula and new work placements to be developed.

'Through research, training, practice and advocacy, the field of psychology can make invaluable contributions toward the remediation of homelessness,' said James H. Bray. 'The report of this task force is a call to our profession to work to end homelessness, which is a major public health concern.' **□**

■ See <http://bit.ly/bcwl2g> for the report, p.284 for a feature on homelessness and p.360 for a 'One on one' with James Bray.

MEMORY SERVICE

A psychologist will be among the specialist staff at a new outreach memory service that was launched in Westminster in February at the Royal Society for Public Health. The 'Westminster Memory Service' will provide memory assessment, support, information and counselling to people with memory problems and their carers. The aim is to help detect memory loss in its early stages and to provide support so that people with dementia can stay in their homes for longer.



DAVID BAODIN/REPORTER/DIGITAL.CO.UK

Californian farm workers by their makeshift shelters

IN BPS JOURNALS

People can feel unsettled by the prospect of being treated in terms of a stereotype, but what social impact might this 'stereotype threat' have on people with mental health issues? Julie Henry (University of New South Wales) got 30 individuals with a diagnosis of schizophrenia to engage in conversations with two confederates, one of whom they were told knew nothing about them, and the other of whom they were told had been informed of their diagnosis (the 'stereotype threat' condition). In reality, neither confederate knew the participants' mental health status. Although participants with a diagnosis of schizophrenia did not perceive any differences in their own social behaviour across the two conditions, their social skill was rated by the confederates as poorer in the stereotype threat conversation in terms of initiating conversation and switching topics appropriately. Confederates also indicated that they felt less comfortable when they interacted with participants who were in the stereotype threat conversation. The authors say that 'disclosure [of mental health status] may not be advisable when interacting with people for the first time.' (BJCP, March)

A meta-analysis led by Konstantine Zakzanis (University of Toronto Scarborough) has demonstrated reliable evidence of cognitive impairment specific to anorexia and bulimia. This impairment (in, for example, verbal recall and visuospatial skill) is related to body mass index in anorexia in terms of its severity, and is differentially impaired between disorders. The authors suggest that disturbed cognition 'is figural in the presentation of eating disorder and may serve to play an integral role in its cause and maintenance.' (JoN, March)

Most adults experience intrusive thoughts, images, or impulses that are similar in content to clinical obsessions, but is the same true of younger populations? This is important because two thirds of OCD patients date the onset of their symptoms to childhood or adolescence. Now Jenny Crye, Ben Laskey and Sam Cartwright-Hatton (University of Manchester) have found that 77 per cent of 12- to 14-year-old participants report obsessions. Participants who had high levels of deleterious beliefs about intrusions – for example, that it is bad to think certain thoughts – were also more likely to report that their obsessions were harder to dismiss, caused more interference, and that they were more likely to avoid situations that might trigger them. (PPTRP, March)

DSM-5 progresses despite problems

Draft revisions to psychiatry's diagnostic 'bible' were published online in February after months of bitter dispute over the proposed changes. The Diagnostic and Statistical Manual 5 (DSM-5), published by the American Psychiatric Association (APA), is slated for a May 2013 release – a year later than originally planned. Although Europe has its own diagnostic system – the International Classification of Diseases – the influence of the DSM changes will be felt here. Possible new diagnostic categories including 'hypersexuality' and 'binge eating disorder' are sure to enter our popular vernacular and affect what is considered 'normal' by society.

Among the most radical proposals is for dimensional assessment to be included alongside a categorical approach that says someone either has a diagnosis or they don't. Factors likely to be measured in this way cut across fixed diagnostic categories and include depressed mood, anxiety, substance use, and sleep problems. The intent, according to the DSM-5 website, 'is to provide clinicians a brief, simple way to obtain ratings for such important areas over time regardless of the specific disorder.'

Other notable proposed or possible changes are for Asperger's syndrome to be collapsed into the diagnosis of autistic spectrum disorder; a radical reconceptualisation of personality disorders; the introduction of a sub-threshold 'psychosis risk syndrome' for people at risk of developing full-blown

psychosis; and a new diagnosis of 'temper dysregulation disorder with dysphoria' to describe children aged over six who display frequent outbursts and persistent negative mood.

The decade-long process of revising the DSM, with the assistance of more than 600 experts, has been a bumpy ride. There have been accusations of conflict of interest aimed at task force members, as well as high-level resignations – for example neuroscientist Jane Costello departed the working group on children and adolescence last March citing lack of scientific rigour. There have also been damning editorials, most notably from psychiatrist Allen Frances, who was chair of the task force behind DSM-IV. 'I fear that DSM-5 is continuing to veer badly off course and with no prospect of spontaneous internal correction,' he wrote in *The Psychiatric Times* last June. 'It is my responsibility to make my worries known before it is too late to act on them.'

All the proposed changes can be found online at www.dsm5.org and feedback is welcomed. 'The process for developing DSM-5 continues to be deliberative, thoughtful and inclusive,' explained Dr Kupfer, chair of the DSM task force. 'It is our job to review and consider the significant advances that have been made in neuroscience and behavioural science over the past two decades. The APA is committed to developing a manual that is both based on the best science available and useful to clinicians and researchers.' CJ

Inquests on 'radiation link' deaths

Inquests into the deaths of two psychologists, Tom Whiston in 2009 and Arthur Reader in 2008, both from pancreatic cancer, will begin later this year according to a report in *The Independent*. Both Whiston and Reader had spent time working in the Rutherford Building that was occupied by the University of Manchester's psychology department from the 1970s to the late 1990s when high levels of radiation were detected. The same building was once home to the labs of Ernest Rutherford, the 'father' of nuclear physics. In 2008 the former

University of Manchester psychologists John Churcher, Don O'Boyle (both since retired) and Neil Todd (now in the neuroscience department) submitted a report to the university entitled: 'Possible health risks due to ionising radiation in the Rutherford Building (formerly Coupland Building 1) at The University of Manchester'. In response, the university launched an independent review, the provisional findings of which were published last year, stating there was no link between deaths of staff and radiation left behind by Rutherford's research. CJ

Understanding the brain

'Understanding the brain' is among five key challenges highlighted by the Wellcome Trust in its 10-year strategy, which was published in February. '[S]cientific discoveries – and their application to patient benefit – take time, and that is why we are setting out our plans for the next decade,' said Sir Mark Walport, the Trust's director.

The 10-year plan cites six research priorities in relation to understanding the brain: understanding neural networks; integrating research efforts at the interface

between basic and clinical neuroscience; gaining new insights into mental health disorders; fostering technology development and innovation; integrating humanities, arts and social science perspectives; and public engagement and dialogue. 'To achieve our goal of understanding the brain, we will need to bridge the gap between the findings that emerge from neuroimaging and behavioural studies, and those being generated from basic studies of nerve function at cellular and molecular levels,' the plan says. **CJ**

CBT effective for back pain

Chronic lower back pain is the bane of many people's lives and is responsible for countless days taken off work. A new randomly controlled trial has found six sessions of group CBT brings more relief than standard advice. All 701 patients, with an average age of 54 years, received an hour's worth of advice plus 'The Back Book'. Group CBT was then offered to 468 of them. This 'Back Skills Training' (BeST) targeted behaviours and beliefs about physical activity and avoidance of activity (people with lower back pain with a non-specific cause are advised to remain active).



Sarah Lamb at Warwick Medical School and her team found that outcomes, including improvements to disability and self-reported recovery, were significantly better in the CBT group than the control group, and unlike many popular treatments such as acupuncture and manipulation, these benefits were sustained over 12 months. By the study end, 59 per cent of the CBT group reported satisfaction with their treatment compared with 31 per cent of the control group. Moreover, the group CBT intervention was particularly cost-effective compared with other interventions.

'Effective treatments that result in sustained improvements in low-back pain are elusive,' the researchers concluded. 'This trial shows that a bespoke cognitive behavioural intervention package, BeST, is effective in managing subacute and chronic low-back pain in primary care.' A possible obstacle to rolling out this intervention more widely could be patient adherence. Only 63 per cent of participants allocated to the CBT group met the compliance threshold (initial assessment plus three or more sessions), which the researchers had decided was required for the intervention to work. **CJ**

RESEARCH FUNDING NEWS

The National Institute for Health Research, Evaluation, Trials and Studies Coordinating Centre (NETSCC) has an HSR/INVOLVE joint funding call to investigate **public involvement in research**. Research is required to examine the impact of members of the public active involvement in research processes (rather than being the participants or subject of research), and to identify methods of evaluating public involvement and involve the public in research. www.hsr.nihr.ac.uk/funding/joint_INVOLVE_call.asp

The Horses and Humans Research Foundation has funding available for research that investigates the **impact on physical and mental health of equine-assisted activities and therapies for people with disabilities**. Grants up to a maximum of \$50,000 are available. International researchers are welcome to apply. Further details about the work of the Foundation and the type of research they fund are available on their website. Deadline for applications is 15 May 2010. www.horsesandhumans.org/Research.html

Children in Need offers grants for projects that support **disadvantaged children and young people** living the UK. This includes work with children and young people who are experiencing illness, distress, disability, behavioural or psychological difficulties or living in situations of deprivation. Not-for-profit organisations, including schools, local authorities and universities, can apply. Small Grants (£10,000 or less) and Main Grants (over £10,000) are available. There are closing dates in April, July and October. www.bbc.co.uk/pudsey/grants

The Fulbright Commission has a range of opportunities for study and research in the USA. The application deadline for all the schemes highlighted below is 31 May 2010.

- **Police Research Fellowship.** Five grants of up to \$15,000 are offered to UK police officers and staff from all ranks to conduct research, pursue professional development or assess best practice with a US institution. Female and ethnic minority staff are particularly encouraged to apply. <http://bit.ly/c4MRli>
- **Postgraduate Student Awards.** Up to 16 awards (\$25,000) are offered to UK citizens for the first year of postgraduate or doctoral study at any accredited US institution. There are also awards to provide funding to undertake a PhD in the USA. Neuroscience and brain and cognitive sciences are eligible. <http://bit.ly/7Jm4m4>
- **Scholar Awards.** A prestigious award (two awards annually) for outstanding UK professionals or academics to undertake lecturing and research at any accredited US institution for three- to ten months. <http://bit.ly/c4v6tt>

The National Institute of Health (US) has research project grants available for research into **reducing risk behaviours by promoting positive youth development** (R01). Positive youth development is defined as the promotion of healthy physical, intellectual, psychosocial and emotional development in youths and adolescents. Research is needed to increase knowledge of what makes youth development programmes effective; how to develop, implement and evaluate new programmes; and the evaluation of existing successful programmes. Closing dates in 2010 are 5 June and 5 October. <http://grants.nih.gov/grants/guide/pa-files/PA-08-241.html>

info

For more, see www.bps.org.uk/funds
Funding bodies should e-mail news to Elizabeth Beech on elibee@bps.org.uk for possible inclusion

Doubt about doubt

Can confidence ever be a bad thing? What if it happens to be confidence in your own self-doubt? In a pair of mind-bending experiments Aaron Wichman and colleagues show that doubt layered on doubt doesn't lead to more doubt but rather to increased confidence, as the initial self-doubt is undermined. The researchers say their findings have clinical implications – for instance, by turning a belief that one is definitely going to fail into a belief that one might fail, a therapist could help inspire a client to overcome the paralysis of hopelessness.

First off, Wichman's team measured the chronic uncertainty of 37 participants (by testing their agreement with statements like 'When bad things happen I do not know why'). Half these participants also completed a sentence-unscrambling task designed to surreptitiously sow doubt. They had to organise jumbled words into sentences and many of the words, like

'uncertainty', pertained to doubt. The other participants performed an almost identical task but without any doubt-related words. After this, the participants read some imaginary scenarios, such as an employee getting a pay rise, and rated their confidence in the different possible causes of these scenarios. The key finding here was that the doubt-inducing sentence task led usually uncertain participants to be far more confident in their judgements about the imaginary scenarios. Participants appeared to be doubting their own doubts, leading to confidence.

A second study built on these findings, showing that one doubt-inducing task followed by another led to more confident behaviour. Participants first wrote about real-life instances of doubt and then completed a coordination task that required them to shake their head from side to side, as if saying 'no'

(past research shows that this instils doubt, whereas nodding increases confidence). These double-doubt participants subsequently rated an imaginary character Donald as more confident and certain – the opposite of what you'd expect if the two doubt-inducing procedures had added together to make more doubt. By contrast, participants who wrote about a real-life instance of doubt and then completed a nodding task, subsequently rated Donald as unconfident and uncertain, consistent with the idea that the secondary nodding task had reinforced the doubt sown in the writing task.

'One might speculate that the difference between being certain of one's agonising insecurity and lack of worth and being uncertain of it may mean the difference between suicide and scheduling an appointment for psychological therapy,' the researchers said. 'Sometimes, self-doubt reduction might be achieved by instilling doubt in one's doubt.'

In the March issue of the *Journal of Experimental Social Psychology*, Aaron Wichman and colleagues speculate on the clinical significance of doubting self-doubt

Trampoline tricks illuminate irony

In the March issue of the *Journal of Child Language*

People hold strong feelings about the meanings of irony and sarcasm. Just look at the reaction to Alanis Morissette's song *Ironic* – although a hit, her apparent misunderstanding of irony provoked derision (<http://bit.ly/10HOCT>). So it's with some courage that Melanie Glenwright and Penny Pexman have chosen to investigate the tricky issue of when exactly children learn the distinction between sarcasm and irony. Their finding is that nine- to ten-year-olds can tell the difference, although they can't yet explicitly explain it. Four- to five-year-olds, by contrast, understand that sarcasm and irony are non-literal forms of language, but they can't tell the difference between the two.

So that we're all on the same page, here's what Glenwright and Pexman recognise as the distinction between sarcasm and irony. In both cases the speaker says the opposite of what they mean, but whereas an ironic statement is aimed at a situation, a sarcastic remark is aimed at a person and is therefore more cutting.

Glenwright and Pexman presented five- to six-year-olds and nine- to ten-year-olds with puppet show scenarios that ended with one of the characters making a critical remark. This remark could be literal, aimed at a person or situation, or it could non-literal, again aimed either at a person (i.e. sarcastic) or situation (i.e. ironic). To illustrate: two puppets are playing on a

trampoline, one falls on his face. 'Great trampoline tricks,' the other character says, sarcastically. Contrast this with two puppets playing on a saggy trampoline with little bounce. One of them says 'great trampoline', an ironic remark.

To gauge the children's depth of understanding, the researchers asked them to rate how mean the utterances were (using a sliding scale of smiley to miserable faces) and asked them which character they most identified with – the idea being that sarcasm would lead them, out of sympathy, to identify more with the target of that sarcasm.

The children's responses showed that both age groups recognised the non-literal utterances as intending to mean the opposite of what was said. However, only the older age group showed a sensitivity to the difference between irony and sarcasm. They, but not the younger children, rated sarcastic utterances as meaner and were more likely to identify with the target of sarcasm, presumably out of sympathy. The older children's comprehension was not complete, though. In open-ended questioning they were unable to explain their differential response to sarcasm and irony.

'By nine to ten years of age, children's sensitivity to the distinction between sarcasm and verbal irony highlights their impressive understanding of how people's feelings are affected by others' speech...' the researchers said. 'We investigated one distinction here, but there are other non-literal forms that should be examined, such as understatement and hyperbole.'

Left half of the brain is the real big head

In the March issue of *Cortex*

Psychologists have used an inventive combination of techniques to show that the left half of the brain has more self-esteem than the right half. The finding is consistent with earlier research showing that the left hemisphere is associated more with positive, approach-related emotions, whereas the right hemisphere is associated more with negative emotions.

Ryan McKay and colleagues used a version of the self-esteem 'implicit association test' (IAT). This compares how readily participants associate themselves or other people with positive words like 'capable' and negative words like 'boring'. Forty-six participants used keyboard keys to categorise words as self-related (e.g. 'me', 'myself'), other-related ('they', 'themselves'), positive or negative. To take one example, people with high self-esteem should be relatively quicker when the same response key is used to categorise self-words and positive words, than when the same key is used to categorise other-related and positive words.

A key twist to this study is that McKay's team used an auditory version of the IAT – the first time this has ever been done. Specifically, they used so-called 'dichotic presentation' such that when a word was presented via headphones to one ear, the same word was played backwards to the other ear. This has the effect of ensuring that the word is only processed by the hemisphere opposite the presenting ear, thus allowing the participants to

perform the IAT test with just one hemisphere at a time.

As you'd expect, a participant's self-esteem as measured via one hemisphere tended to correlate with their self-esteem as measured via the other hemisphere. More intriguingly, however, a consistent finding was that participants clocked up higher self-esteem scores when hearing words via their right ear (processed by the left hemisphere) compared with via their left ear (processed by the right hemisphere).

Critics may point to the language dominance of the left hemisphere as a major confound, but actually this is not relevant – even if the left hemisphere were faster overall, there's no reason it should have shown a specific advantage for associating the self with positive words.

The researchers said further investigations are needed to build on this initial discovery, including lesion studies and brain imaging techniques.

Can therapists tell when their clients have deteriorated?

In the January issue of *Clinical Psychology and Psychotherapy*

About 5 to 10 per cent of the time, people in therapy get worse instead of better (see www.bps.org.uk/harm). Now a new study has found, rather alarmingly, that the vast majority of therapists appear blind to such deterioration.

Derek Hatfield and colleagues took advantage of symptom feedback provided by clients prior to weekly sessions at a student counselling centre. Although placed on record, this outcome data wasn't fed back to the therapists in a systematic way, and there was no alert in place to signal symptom deterioration.

Hatfield's team identified 70 clients who at one particular session were in significantly worse shape compared with their state before the very first session. In only 15 of these 70 cases had the therapists made a clinical note after the relevant session suggesting they had noticed a deterioration. The researchers then focused on those cases where a client had shown a huge deterioration

from one session to the next. Unfortunately, it's still bad news. Of these 41 cases, therapist notes suggested they noticed only 13.

When therapists *had* noted a client deterioration, the most common courses of action were drug referral and continue as usual. When Hatfield then surveyed APA-registered psychological therapists about what they would do, popular answers included 'discuss the deterioration with the client' and 'increase therapy sessions' – suggestions noticeably absent from the real-life case notes.

This research comes with a major caveat – dependence on therapists' clinical notes is a far from perfect indicator of whether or not they noticed client deterioration. In any case, the researchers said: 'It is hoped that therapists will be open to the idea that additional information concerning client progress will enhance their clinical judgment, particularly concerning potential client deterioration.'



The material in this section is taken from the Society's **Research Digest** blog at www.researchdigest.org.uk/blog, and is written by its editor **Dr Christian Jarrett**. Visit the blog for full coverage including references and links, additional current reports, an archive, comment and more.



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Making our science visible

Jeremy Horwood on the virtual revolution

I watched with interest the recent BBC four-part documentary series *The Virtual Revolution*, presented by Dr Aleks Krotoski (pictured), broadcaster and social psychologist at the University of Surrey. The series explored the profound and transforming impact the internet has had on reshaping almost every aspect of our lives in its brief 20-year history. It got me thinking about how the rapid development of the internet might change how psychological knowledge is advanced and disseminated, and the new possibilities of scientific discourse.

More scientific papers are being published than ever before: some 25,000 new research articles each week. The challenge to academics is not just publishing, but making their work visible. Academics can now act as journalists and find direct channels via the internet to disseminate their research. The viral nature of websites allows information to be rapidly spread to an audience of millions. Research blogs can be an efficient way to share results and highlight the latest psychology research. An example of this is the Society's own Research Digest, which now reaches over 26,000 e-mail subscribers and 75,000 visitors a month at www.researchdigest.org.uk/ blog. The Digest's editor, Dr

Christian Jarrett, also uses Twitter (www.twitter.com/researchdigest) to raise the public profile of psychology and has over 2000 followers. These information channels are also used by journalists, and there have been numerous examples of research featured in the Research Digest appearing in the science pages of the broadsheet papers. The Society's Media Centre has also seen a marked increase in enquires from online journalists.

New technology also allows us to communicate in different formats with a wider range of journalists. At this year's Division of Occupational Psychology conference Emma Donaldson-Feilder, from Affinity at Work, was reporting on research she conducted with colleagues Rachel Lewis and Joanna Yarker, concerning the health benefits of providing managers with feedback on their management style. From humble Brighton via the internet using Skype, an in-vision interview was conducted on Greek TV. Pre-internet, publishing in journals was the main option for disseminating scientific ideas. Now we have a world of possibilities, freed from the constraints of the static, read-only format of printed material. Our research may be particularly conducive to

multimedia communication: integrated video, audio and graphics can be synchronised with the full text of the paper, if it is open access with no copyright restrictions.

The move towards open access in scientific publishing means that our work is no longer locked in the private world of academia, but open to the public on the internet. This could lead to a greater understanding of psychology than is possible through the soundbite quotes available to us in traditional media. Indeed, the writer, broadcaster and medical doctor Ben

social networking. Dr Krotoski suggests that 'the feedback loop of constant updates – whether from social networking sites like Facebook, or from the simple abundance of content that is available on the web – presents a culture of do-ers, rather than consumers.'

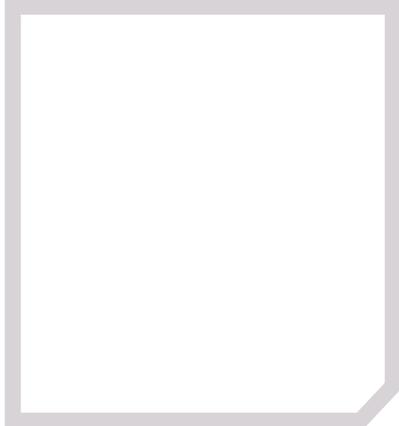
Dissemination of scientific ideas has traditionally operated in a top-down way, where academics or journalists write and the audience reads. New possibilities offered by the internet can permit more dynamic interactions, to actively engage people in

science and create debates.

The way we traditionally disseminate our findings can evolve into a more complex participation-based concept, closing the gap between scientists and the public. All the traditional media now have online versions too where once-passive readers, listeners and viewers can instantly comment on and debate stories. This makes the media more accessible, and we need to start thinking about how we

can interact and learn from such debates. Dr Krotoski suggests that 'the Web offers an opportunity for researchers to engage a (non-academic and academic) community in research as it happens, and makes the debates that often go on behind closed doors transparent. This has huge benefit to academics, for the possibilities to discuss, to document and to discover approaches to a research question that may not have been apparent before.'

As scientists, we are meant to be at the forefront of knowledge and therefore may need to utilise the newest tools of the internet to involve people in science and research activities. The use of the internet could form part of our public engagement and dissemination strategies when applying for grants, allowing publicly funded work to be more publicly visible and debated.



Goldacre has recently been trying to persuade the BBC to provide weblinks straight to journal articles in their online science and health articles (<http://bit.ly/cldMGj>).

The first generation of the internet may have rapidly transformed our ability to search and access a phenomenal amount of information. However, we are now living in a web 2.0 world, where we are not just passively consuming online information, but have the ability to publish it, edit it and debate it. We are now able to interact with other users through blogging, tagging and

contribute

The Media page is co-ordinated by the Society's Media and Press Committee, with the aim of

promoting and discussing psychology in the media. If you would like to contribute, please contact the 'Media'

page coordinating editor, Fiona Jones (Chair, Media and Press Committee), on f.a.jones@leeds.ac.uk